



شبكة المعلومات الجامعية

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ
بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ
بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ





شبكة المعلومات الجامعية



شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم



شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأفلام قد اعدت دون أية تغيرات



يجب أن

تحفظ هذه الأفلام بعيداً عن الغبار

في درجة حرارة من 15 – 20 مئوية ورطوبة نسبية من 20-40 %

To be kept away from dust in dry cool place of
15 – 25c and relative humidity 20-40 %



شبكة المعلومات الجامعية



بعض الوثائق الأصلية تالفة



شبكة المعلومات الجامعية



بالرسالة صفحات

لم ترد بالأصل



**A COMPARATIVE STUDY BETWEEN SURGICAL
AND LAPAROSCOPIC TREATMENT OF
VARICOCELE**

**THESIS
SUBMITTED FOR PARTIAL FULFILLMENT OF M.Sc.
DEGREE IN GENERAL SURGERY**

**BY
MOATZ ABD EL-AZEEM MOHAMMED
(M.B. B.Ch)**

**SUPERVISORS
PROF. Dr. MOHAMMED ABD EL-MONIEM EL-OSSELY
PROFESSOR OF GENERAL SUREGRY
FACULTY OF MEDICINE
ASSIUT UNIVERSITY**

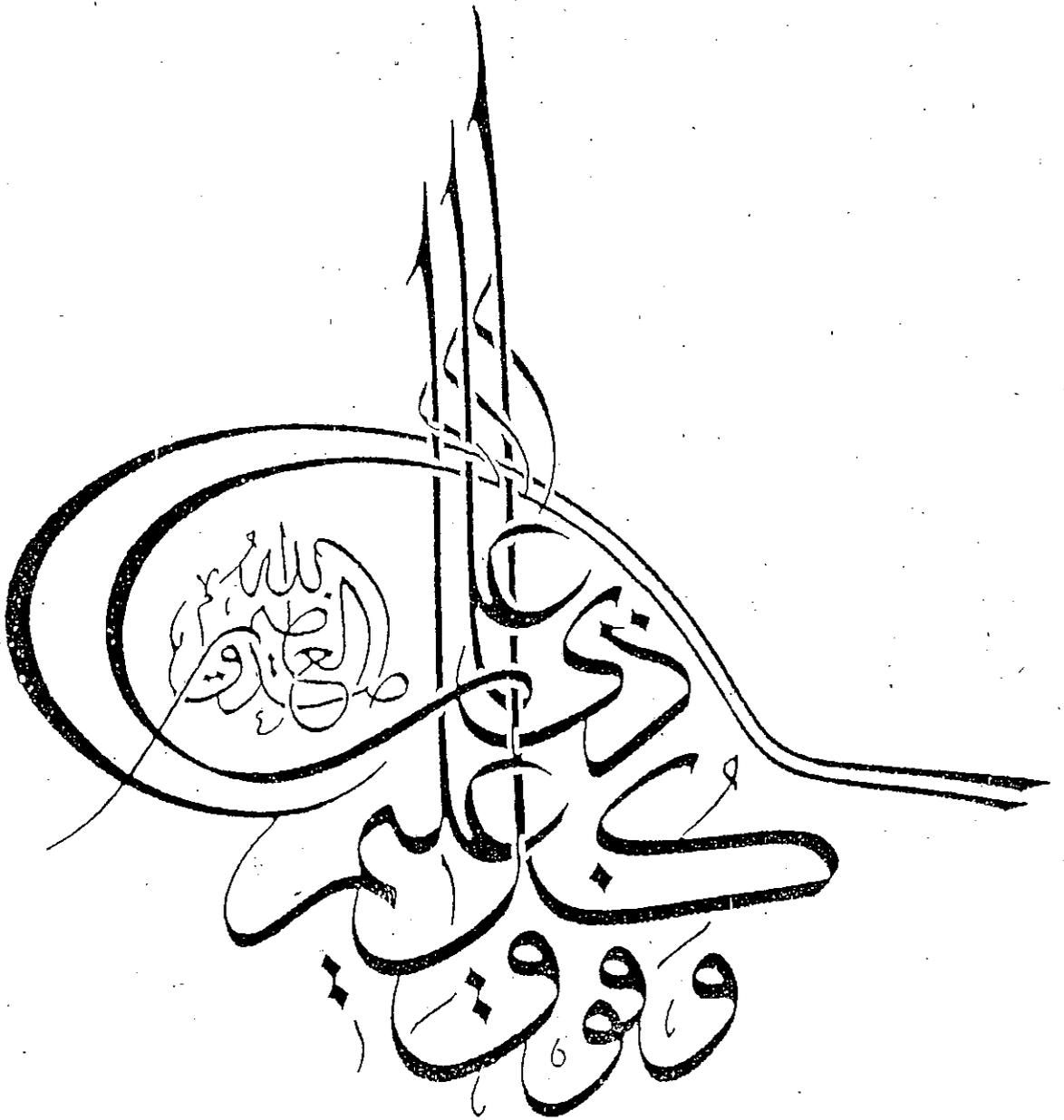
**Dr. ABD EL-MONIEM ISMAIL EL-KHATEEB
LECTURER OF GENERAL SURGERY
FACULTY OF MEDICINE
ASSIUT UNIVERSITY**

**Dr. HANY ABD EL-KAREEM ALI
LECTURER OF GENERAL SURGERY
FACULTY OF MEDICINE
ASSIUT UNIVERSITY**

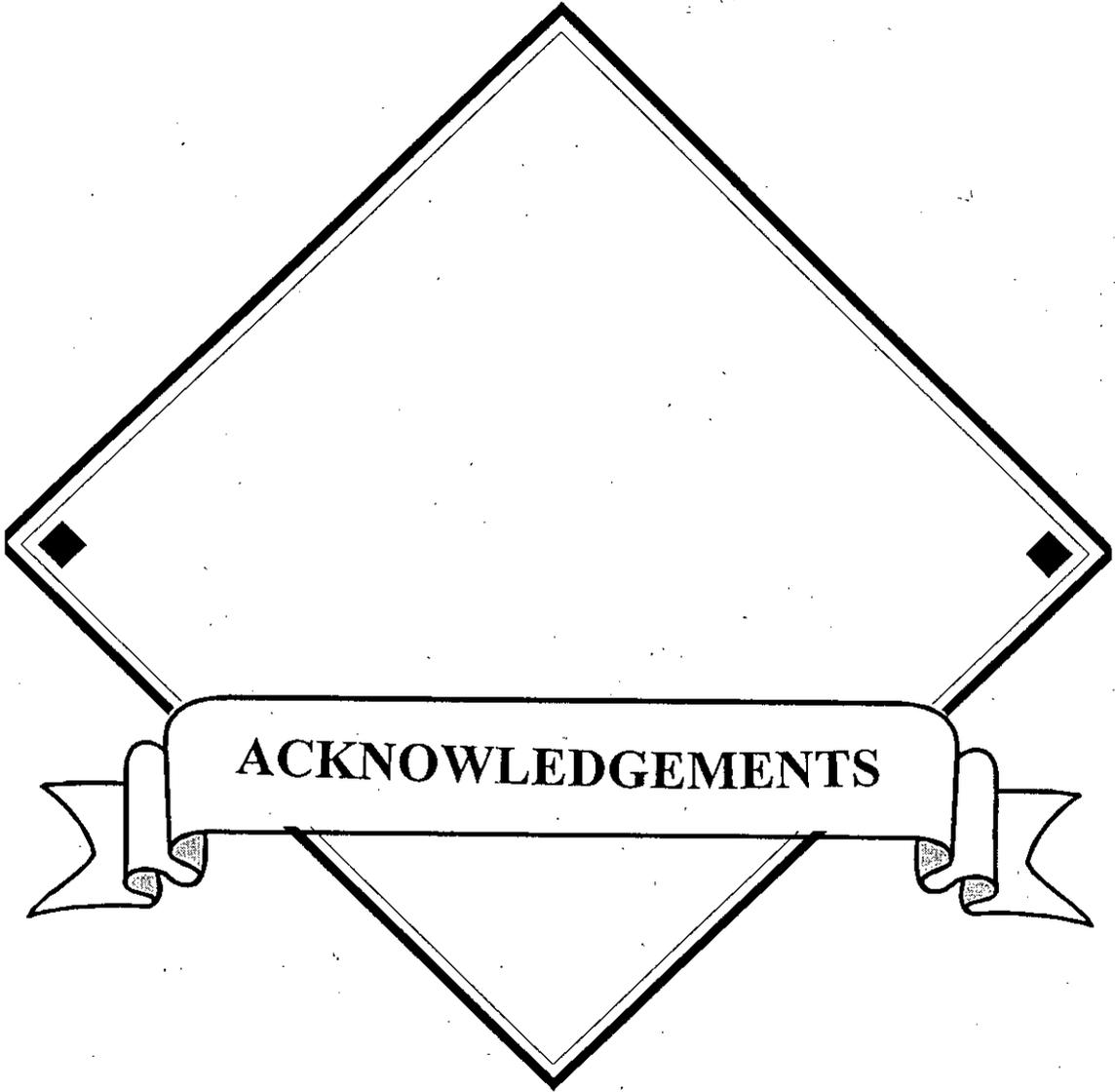
**FACULTY OF MEDICINE
ASSIUT UNIVERSITY**

2000

B1.775



(سورة يوسف ، آية ٧٦ ك)



ACKNOWLEDGEMENTS

Praise be to **ALLAH**, the merciful, the compassionate for all the countless gifts have been offered. Of these gifts, those persons who were assigned to give me a precious hand so as to be able to fulfill this study. Some of them will be cordially acknowledged.

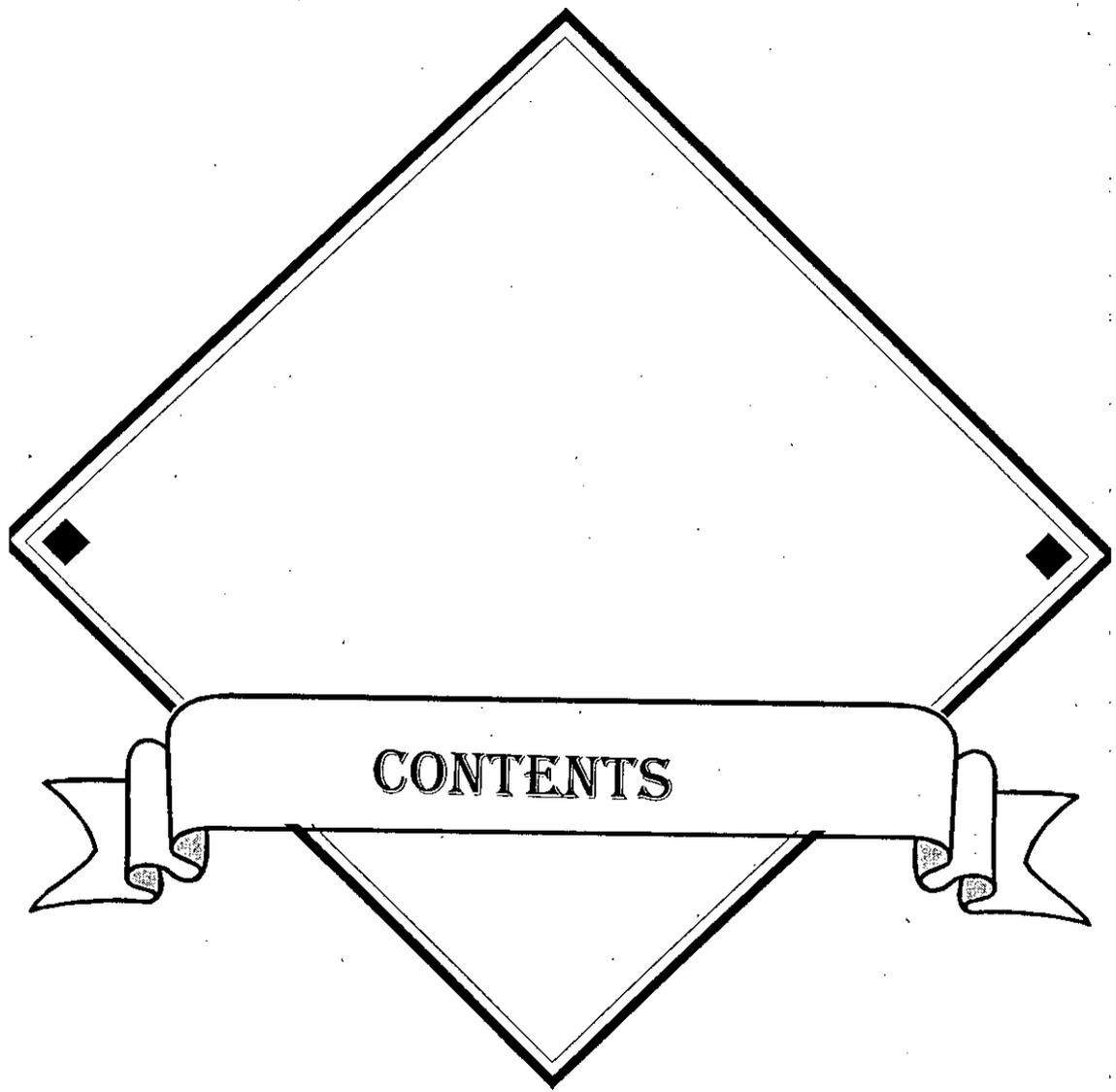
I would like to express my sincere gratitude, deepest acknowledgment and appreciation to my **Professor Dr. Mohammed Abd El-Moniem El-Ossely**, Professor of the General Surgery, Faculty of Medicine, Assiut University, who reviewed my work at every stage of its development and generously offered his cooperation, encouragement, assistance, advice and suggestions for improvement.

I would also like to express my deepest gratitude and appreciation to **Dr. Abd El-Moniem Ismail El-Khateeb**, Lecturer of General Surgery, Faculty of Medicine, Assiut University. I sincerely feel indept for his encouragment and for continuous advice, support and guidance throughout this work.

I would like to express my sincere gratitude to **Dr. Hany Abd El-Kareem Ali**, Lecturer of General Surgery, Faculty of Medicine, Assiut University, for his constructive suggestions, valuable assistance and continous enthusiatic stimulation he offered throughout this work.

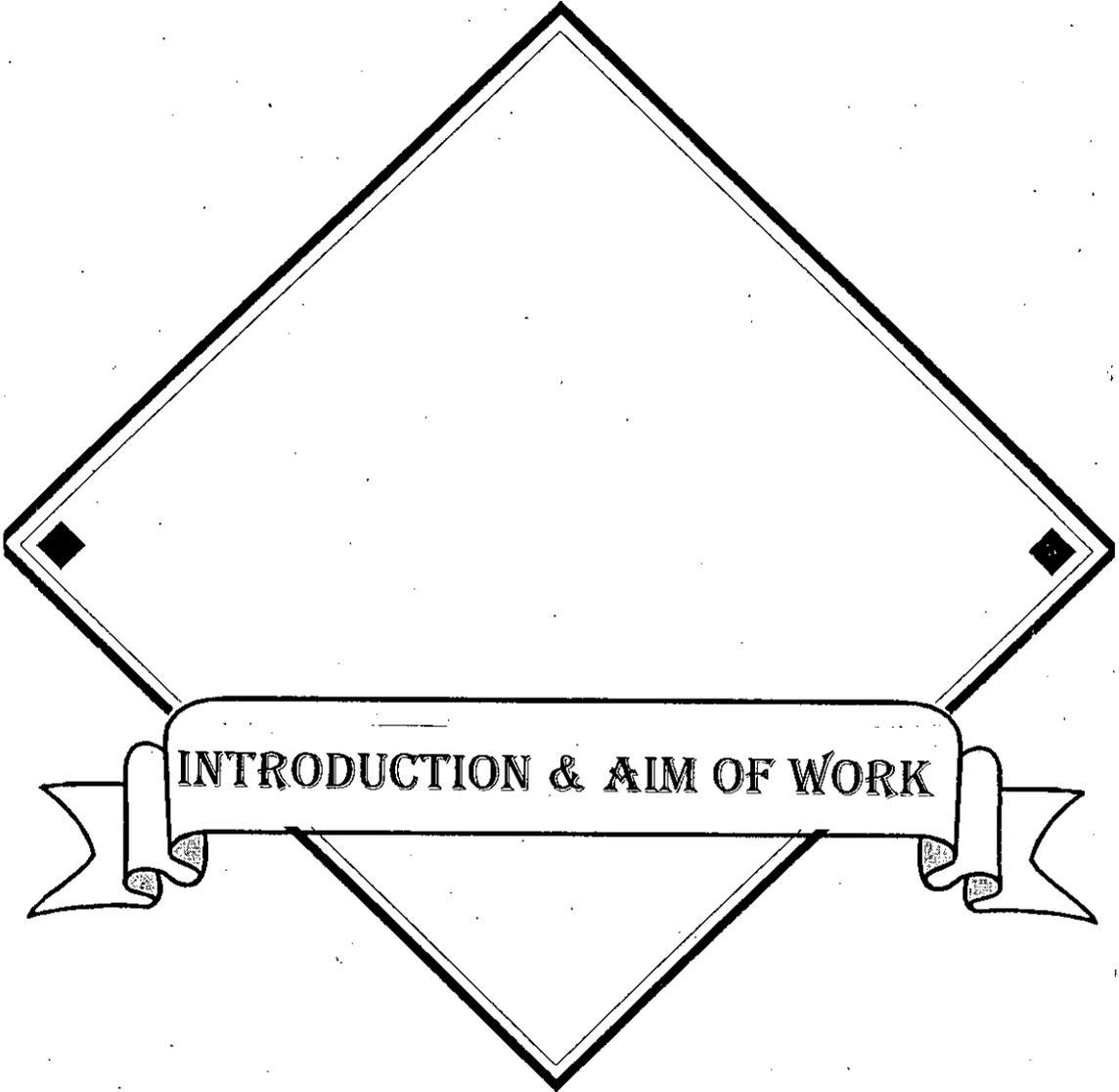
Moatz Abd El-Azeem Mohammed

2000



CONTENTS

	Page
INTRODUCTION AND AIM OF WORK	1
REVIEW OF LITERATURE	2
* Male reproductive system	2
* Embryology	8
* Epiemiology of idiopathic varicocele	15
* Aetiology of varicocele	16
* Pathology of varicocele	20
* Diagnosis of varicocele	29
*Treatment of varicocele	38
* Laparoscopic approach	57
PATIENTS AND METHODS	67
RESULTS	72
DISCUSSION	77
SUMMARY AND CONCLUSIONS	82
REFERENCES	83
ARABIC SUMMARY	



INTRODUCTION AND AIM OF WORK

Varicocele is an abnormal dilatation of the pampiniform plexus of veins draining the testicles. It is found in about 15% of the general male population and from 21-41% in men attending an infertility clinic (Saypol, 1984).

Varicocele detected by radiological imaging in patients without a palpable varicocele are considered as subclinical varicocele (Jarow et al., 1995).

Variety of explanations of the relation between varicocele and infertility have been proposed. They include, sperm damage from elevated testicular temperature, retention of wasted products in the slowly flowing plexus and high concentration of testosterone and other hormones in these vessels (Turner, 1983).

Varicocele can affect different ages including childhood (Oster, 1971).

The indications for management of varicocele include, pain, mass causing psychic or cosmetic problems, subfertility and infertility (Saypol, 1984).

Undoubtedly, the different methods of management of varicocele result in the relief of pain, mass and improvement of semen parameters in about 58% to 71% of cases with pregnancy success in about 25% to 55% of the female partners (Greenberg, 1983).

The different methods of management of varicocele include medical and surgical management .

Only since Tulloch's report in 1952, on successful varicocele surgery resulting in restored fertility, and his assumption of pathogenetic interaction between advanced varicocele and inhibited fertility (Tulloch's 1952).

The aim of our work is to compare the value of surgical and laproscopic varicocelectomy in the management of varicocele.

